

New Jersey Public Employment Relations Commission
POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer:	City of Absecon	County:	Atlantic
2	Employee Organization:	PBA Local #77	Number of Employees in Unit:	24
3	Base Year Contract Term:	1/1/2012 - 12/31/2015		
4	New Contract Term:	1/1/2016 - 12/31/2019		

SECTION II: Type of Contract Settlement (please check only one)

- | | | |
|---|---|---|
| 5 | <input checked="" type="checkbox"/> | Contract settled without neutral assistance |
| 6 | <input type="checkbox"/> | Contract settled with assistance of mediator |
| 7 | <input type="checkbox"/> | Contract settled with assistance of fact-finder |
| 8 | <input type="checkbox"/> | Contract settled in Interest Arbitration |
| 9 | If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? | |
- Yes No

SECTION III: Base Salary Calculation

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10	Salary Costs in base year	\$ 1722556								
11	Longevity Costs in base year	\$ 26698								
12	Other base year salary costs	<table border="0"> <tr> <td><hr/></td> <td>\$ <hr/></td> </tr> </table>	<hr/>	\$ <hr/>						
<hr/>	\$ <hr/>									
<hr/>	\$ <hr/>									
<hr/>	\$ <hr/>									
<hr/>	\$ <hr/>									
Sum of "Other" Costs Listed in Line 12.		\$ 0								
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 1749254								

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)14 Total Base Salary Cost from Line 13: \$ 1749254

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	<u>1/1/16</u>	<u>1/1/17</u>	<u>1/1/18</u>	<u>1/1/19</u>	<u> </u>	<u> </u>
16	Cost of Salary Increments (\$)	<u> </u>					
17	Salary Increase Above Increments (\$)	<u>63385</u>	<u>83479</u>	<u>67751</u>	<u>81046</u>	<u> </u>	<u> </u>
18	Longevity Increase (\$)	<u>6863</u>	<u>640</u>	<u>594</u>	<u>1952</u>	<u> </u>	<u> </u>
19	Total Increased Cost for "Other" Items (\$)	<u> </u>					
20	Total Increase (\$) (sum of lines 16-19)	<u>70248</u>	<u>84119</u>	<u>68345</u>	<u>79094</u>	<u> </u>	<u> </u>

SECTION V: Average Increase Over Term of New CNA21 Dollar Increase Over Life of Contract \$ 301806 [Take sum of all amounts listed on Line 20 above]22 Percentage Increase Over Life of Contract 17 % [Divide amount on Line 21 by amount on Line 14]23 Average Percentage Increase Per Year 4 % [Divide percentage on Line 22 by number of years of
the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases**←Increases→**

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform	27600	27600	27600	27600	27600		
	Education	24800	24800	24800	24800	24800		
25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 368726	\$ 380383
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 368726	\$ 380383

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ 112823	\$ 113761
32	Contributions as % of Total Insurance Cost	31 %	30 %

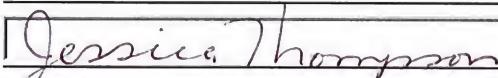
- 33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

- 34 The undersigned certifies that the foregoing figures are true:

Print Name: Jessica Thompson

Position>Title: City Administrator/CFO

Signature: 

Date: 10/4/17

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016